

# Share your Success!

*Have a success story? Tell the world about it.*



Write your story here. Please consider: How have chronic conditions impacted your life? What have you gained by completing the Living Well program?

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## Utah Department of Health Media Consent Form

I hereby grant permission to the Utah Department of Health (UDOH) to use my:

☐ Photograph   ☐ Videotaped Image   ☐ Quotes/Comments   ☐ Name

for publicity and educational purposes in any and all publications and media without limit or reservation.

Full Name (Please print) \_\_\_\_\_  
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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a legal guardian signing for a minor, please complete this form with your name and print the minor's name, age and your relation here:

Minor's Full Name: \_\_\_\_\_  
Relation \_\_\_\_\_ Minor's Age: \_\_\_\_

**Please mail to:   Patty Cross, Suite 2700  
151 S. University Avenue  
Provo, UT 84601**